



STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE



BY: KL

Please type or print in ink.		
NAME OF FILER (LAST)	(FIRST)	(MIODLE)
Ammiano	Tom	R
1. Office, Agency, or Court		
Agency Name		· · · · · · · · · · · · · · · · · · ·
California State Assembly	Assemblymember	
Division, Board, Department, District, if applicable	Your Position	
District 13		
► If filing for multiple positions, list below or on an attachment.		
Agency:	Position:	
2. Jurisdiction of Office (Check at least one box)		
State State	Judge (Statewide Jurisdiction)	
Multi-County	County of	
City of		
3. Type of Statement (Check at least one box)	·	
Annual: The period covered is January 1, 2010, through E 2010.	December 31,	MAR -
The period covered is/, through D 2010,	landa affin	uary 1, 2010, through the date of
Assuming Office: Date/	 The period covered is of leaving office. 	/, through the date
Candidate: Election Year Office s	sought, if different than Part 1:	
4. Schedule Summary		
Check applicable schedules or "None."	► Total number of pages including this	cover page:2
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & But	siness Positions – schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - sche	edule attached
Schedule B - Real Property - schedule attached	Schedule E - Income - Gifts - Trav	rel Payments – schedule attached
-0	r-	
☐ None - No repo	ortable interests on any schedule	
I certify under penalty of perjury under the laws of the State	e of California that	ſ
./ /		ſ
Date Signed //urah / 20//	Signatu	

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Tom Ammiano

		.		
► NAME OF SOURCE		NAME OF SOURCE		
Cathleen Galgiani for Assembly, 2010		California Democratic Party		
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)		
1852 W. Eleventh St. Tracy CA 95376		1401 21st Street, Suite 200		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Legislator		Ca Democratic Party		
DATE (mm/dd/yy) VAŁUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 , 4 , 10 s 702.34	Dinner (Paid \$283.34	08 , 19 , 10	s38.52	Breakfast
	on 2/24/10)	<u>12 , 5 , 10</u>	s <u>84.80</u>	Food & Beverage
/			\$	
► NAME OF SOURCE		► NAME OF SOURCE	=	
War Memorial Opera House		Alonzo King Ballet		
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)		
301 Van Ness Ave., Rm. 110,		26 Seventh St., San Francisco 94103		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Entertainment		Entertainment		
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03,06,10 \$ 200.00	Tickets	10 , 15 , 10	s150.00	Tickets
03,13,10 \$ 174.00	Tickets		\$	MUMUMAN AND MARKET AND
\$	****		\$	
► NAME OF SOURCE		► NAME OF SOURCE		
Uptown Studios		John A. Perez for Assembly		
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)		
410 Alhambra Blvd., Sacramento 95816		777 So. Figueroa St., Suite 4050, Los Angeles 90017		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Design Studio	,	Speaker of the CA State Assembly		
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6/, 4, 10 \$ 229.60	Design & program for	<u>12 , 5 , 10</u>	s <u>84.80</u>	Food and Beverage
	LGBT Caucus event		\$	
/ s			\$	
Comments:				